

PARENTAL PRIOR WRITTEN NOTICE

CHILD'S NAME:	DATE SENT:
proposing or refusing to initiate or cha	ed to provide you with prior written notice five days before ange the identification, evaluation, or placement of your early intervention services to your child or family. This is
PURPOSE OF NOTICE:	
Check all that apply	
Parents do have the right to request more information. Determination/redetermination of An IFSP meeting may directly follow Your child is eligible for the Birth child's IFSP. Your child was evaluated and was a meeting to revise or review the A service change you requested for A meeting to develop the annual A transition planning conference Other (describe)	ed on results does not need an evaluation or assessment. Set an evaluation at any time. Contact your Service Coordinator for of eligibility for Birth to Three program. Sow if your child is found eligible. The program, and a meeting is needed to develop your as found not eligible for the Birth to Three program. See Individualized Family Service Plan (IFSP) is needed. Sor your child or family has been declined by the IFSP team. Individualized Family Service Plan (IFSP) is needed. So is being convened with your approval.
make this decision (i.e. evaluation/asses	
(Parent Initial) Date//_	
Notice Given in person on:// Notice Mailed on://	-
Note: Parents are to receive a copy of this	s form and a copy is to be included in the child's record.
Please call	rovided above.

Parent Acknowledgement: A copy of all procedural safeguards is being provided to you via mail, email or in person. Additional sources for you to contact to obtain assistance in understanding your rights are included with the procedural safeguards. Please read it carefully. We will review these with you when we meet. As discussed in this information, you have the right to request formal dispute resolution should you disagree with the proposed or refused action(s).